

2341

This certificate must be filed by the attending Physician in order of birth, stated. This certificate must be filed by the attending Physician in order of birth, stated. This certificate must be filed by the attending Physician in order of birth, stated.

PLACE OF BIRTH

County of Yuma
 District of Yuma
 Town of Yuma
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 93

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 31

Local Registrar's No. _____

(No. _____ St. _____ Ward)
FULL NAME OF CHILD Ruth Hazel Edwards } Born } **YES**
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } **NO**

Sex of Child Female Twin, Triplet or other ✓ and Number in order of birth ✓ Legitimate? Yes Date of Birth June 12 1913
 (Month) (Day) (yr.)

FATHER
 Full Name John Alfred Edwards
 Residence Yuma, Ariz.
 Color or Race White Age at last Birthday 34 (Years)
 Birthplace Kennett, Mo.
 Occupation Policeman

MOTHER
 Full Maiden Name Sallan Florence Sandy
 Residence Yuma, Ariz.
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace Kennett, Mo.
 Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 12 1913, at 6 PM.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. [Signature] (Attending physician, midwife, householder.)

Given or christian name added from a

Address Yuma, Ariz.

supplemental report _____ 191

Filed June 15 1913

[Signature] LOCAL REGISTRAR.

952-612-329
 COUNTY REGISTRAR.

Filed July 6 1913

A True Copy [Signature] COUNTY REGISTRAR.